

*Arr + 2 days*

**Entry Blank—Please Type or Print**

**13 ~~EL~~**

- Ms./Artist  
 Mr./Artist

DAVID

**BELLE**

(last name last)

Permanent  
Address

2027 w. GRACE CHICAGO

Street

City

60618

Zip

Daytime Tel. (312) 298-7445

area

Temporary or  
Studio Address

Same As Above

Street

City

Daytime Tel. ( )

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? CUYAHOGA COUNTY

Collaborator (if any) X

If May Show entries are not accepted or are not sold:

Artist will pick up at Museum.

Museum should dispose of.

Museum should ship to artist at artist's expense:

Street

City

Zip

**Special Instruc**

Entry Blank must be accepted.

Insured will not

When necessary, insure an object.

and displaying

Note carefully the dates given herein. It is understood that the Museum shall bear on its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

**The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.**

Signature

David Arthur Belle

I have received the unsold/unaccepted object(s) in good condition.

Signature

# Entry Blanks

**A** Paintings  
 Sculpture Graphics  
 Crafts Photography  
(specify category)

Materials used (media):

TYPE C COLOR PHOTO / ~~#6~~  
+ WRAPPING PAPER

Title

MON A CO - HOT L

Price or NFS 240.00	Insurance Value if NFS Only <input checked="" type="checkbox"/>	Size 22" x 24" height x width x depth
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## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale 2	Total No. in Edition 3	Price of Print Unframed 215.00	Price of Frame Only 25.00
ACCEPTED <input checked="" type="checkbox"/>	DO NOT WRITE IN THIS SECTION 3-69 6 28 a ph		ACCEPTED <input checked="" type="checkbox"/>
NOT ACCEPTED <input type="checkbox"/>			NOT ACCEPTED <input checked="" type="checkbox"/>

**B** Paintings  
 Sculpture Graphics  
 Crafts Photography  
(specify category)

Materials used (media):

TYPE C COLOR PHOTO  
+ WRAPPING PAPER

Title "HIGH CLASS  
TRANSIENT INN"

Price or NFS 240.00	Insurance Value if NFS Only <input checked="" type="checkbox"/>	Size 22" x 24" height x width x depth
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ACCEPTED <input type="checkbox"/>	DO NOT WRITE IN THIS SECTION 6 28 a ph		ACCEPTED <input type="checkbox"/>
NOT ACCEPTED <input checked="" type="checkbox"/>			NOT ACCEPTED <input type="checkbox"/>